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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Application Number	10/609,019			
FEE TRANSMITTAL		Filing Date	June 26, 2003			
for FY	2007	First Named Inventor	Richard K. Cooper et al.			
Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	SINGH, Anoop Kumar			
		Art Unit	1632			
TOTAL AMOUNT OF PAYMENT	(\$) 665.00	Attorney Docket No.	51687-0101 (287015)			
METHOD OF PAYMENT (check	all that apply)					
☐ Check ☐ Credit Card ☐ M	∕loney Order ☐ None ☐	Other (please identif	y) :			
□ Deposit Account Deposit Account	□ Deposit Account Deposit Account Number: 16-1435     □ Deposit Account Name: Kilpatrick Stockton LLP					
For the above-identified d	eposit account, the Director i	s hereby authorized to:	(check all that apply)			
Charge fee(s) indic	ated below	☐ Cha	rge fee(s) indicated below, excep	t for the filing fee		
☐ Charge any additio	nal fee(s) or underpayments	of fee(s)	dit any overpayments			
Under 37 CFR 1.10	6 and 1.17	· · · · · · · · · · · · · · · · · · ·		adit aard		
WARNING: Information on this form m information and authorization on PTO-		Information should not t	be included on this form. Provide Cr	edit card		
FEE CALCULATION						
1. BASIC FILING, SEARCH, A	ND EXAMINATION FEE	S				
FILING	G FEES S	EARCH FEES	EXAMINATION FEES			
	Small Entity	Small Entit	ty Small Entity			
Application Type Fee (\$	<u>Fee(\$)</u> <u>Fee(</u>	ee(\$)	Fee(\$) Fee(\$)	Fees Paid (\$)		
Utility 300		00 250	200 100			
Design 200		00 50	130 65			
Plant 200	100 30	00 150	160 80	<del></del>		
Reissue 300	150 50	00 250	600 300			
Provisional 200	100	0 0	0 0			
2. EXCESS CLAIM FEES Small Entity						
Fee Description			<u>Fee (\$)</u> 50	<u>Fee (\$)</u>		
Each claim over 20 (including Reissues)				25		
Each independent claim over 3 (including Reissues) 200 100						
Multiple dependent claims 360 180						
	a Claims Fee(\$)	Fee Paid (\$) = 50	Fee (\$	Dependent Claims ) Fee Paid (\$)		
-20 or HP= 2 x 25 = 50 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.						
ů .	a Claims Fee(\$)	Fee Paid (\$)				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

- 3 or HP=

Indep. Claims

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

105

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Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Fee (\$) **Total Sheets** (round up to a whole number) x /50 =4. OTHER FEE(S) Fees Paid (\$)

210

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE (\$405); 2 Independent Claims (\$210); 2 Dependent Claims (\$50)

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SUBMITTED BY						_
Signature	Call B ()	1/11	Registration No. (Attorney/Agent)	47,040	Telephone	(336) 607-7300
Name (Print/Type)	Oynthia B. Rothschild			-	Date	October 31, 2007



## **EXPRESS MAIL CERTIFICATE**

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Applicant(s)

Richard K. Cooper et al.

Filing Date

June 26, 2003

10/609,019

Title

Gene Regulation in Transgenic Animals Using a

Transposon-Based Vector

Examiner

SINGH, Anoop Kumar

Group Art Unit

1632

Type of Document(s)

Express Mail Certificate;

Transmittal Form;

Fee Transmittal for FY 2007 (in duplicate);

Credit Card Payment Form PTO-2038 for \$665.00; Amendment and Response To Final Office Action

(22 pages) (first page in duplicate);

Request for Continued Examination (RCE) (in duplicate); and

Spie K. Coole

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Date Mailed: October 31, 2007

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Express Ma	il Certificate No. EV 740 53	2 125 US	\m \ \m \ \m \		Approved for use throug	PTO/SB/21 (10-07) ph 10/31/2007. OMB 0651-0031
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			Application	10/609,0	19	
TR	RANSMITTAL		Filing Date June 26, 20			
	FORM	A ad 1 lacid		K. Cooper et al.		
			Examiner Name	1632		
(to be used for	all correspondence after initial	filing)	Attorney Docket Number		SINGH, Anoop Kumar	
Total Number of	f Pages in This Submission		Attorney booket Number	51687-0	101 (287015)	
		ENCI	LOSURES (Check a	ll that app	ly)	
Fee Tran	smittal Form		Drawing(s)		After Allowa	ance Communication to TC
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Firm Name	Kilpatrick Stockton LLP		, A. L. LIOANI, A. I.		ONAGENT	
Signature	Call B	RA				
Printed name	Cyprthia B. Rothschild					
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.